



APPLICATION FOR LICENSE TO OPERATE A CHILD PLACING AGENCY (Under Indiana Code 12-17.4)

State Form 47106 (R/1-04) / FPP 1425

1. Name of agency			Telephone number	
2. Address (<i>number and street, city, state, ZIP code</i>)				
3. Legal name of organization			Please check: <input type="checkbox"/> Not-for-profit <input type="checkbox"/> Profit	
4. Address of legal organization (<i>number and street, city, state, ZIP code</i>)				
5. Members of Advisory Board or Governing Body: (470 IAC 3-2-3)				
NAME		ADDRESS	OCCUPATION	TELEPHONE NUMBER
6. Staff members: (470 IAC 3-2-5)				
NAME		POSITION	DATE OF EMPLOYMENT	
7. Vacancies on staff (<i>Position included in budget but not filled</i>): (470 IAC 3-2-5)				
POSITION TITLE		POSITION TITLE		

<p>8. Minimum qualifications established by the agency for each classification of employee: (470 IAC 3-2-6) If this is an initial application or if qualifications have been revised during the past year, attach copy to application; otherwise omit.</p>	
<p>9. Experience and training of each staff member who carries responsibility for administration or caseworker: (470 IAC 3-2-6) If this is an initial application or if there have been staff changes during the past year, this information must be provided; otherwise omit.</p>	
<p>10. Personnel policies: (470 IAC 3-2-5) If this is an initial application or if policies have been revised during the past year, attach copy to application; otherwise omit.</p>	
<p>11. Policies of the agency in regard to intake, placement and supervision of children in foster care and adoption: (470 IAC 3-2-8) If this is an initial application or if policies have been revised during the past year, attach copy to application, otherwise omit.</p>	
<p>12. Fee charged for Adoption Service: \$_____</p>	
<p>13. Financial Resources. Submit detailed statement of sources of income. Check all sources that apply. (470 IAC 3-2-4)</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Private fees </div> <div style="width: 30%;"> <input type="checkbox"/> United Way </div> <div style="width: 30%;"> <input type="checkbox"/> Public Contributions (<i>Specify</i>) _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Church </div> <div style="width: 30%;"> <input type="checkbox"/> Private Contributions </div> <div style="width: 30%;"> <input type="checkbox"/> Other (<i>Specify</i>) _____ </div> </div>	
<p>14. Area served by Licensed Child Placing Agency :</p>	
<p>15. Incorporation papers to be submitted with initial application.</p>	
<p>I certify that all statements made in this application and any attachments thereto are correct to the best of my knowledge. I further certify that no person, on the grounds of race, age, color, religion, sex, handicap, national origin or ancestry, shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which this agency receives public financial assistance directly or indirectly, including fees received from any County Office of Family and Children for services rendered.</p>	
<p>Signature of applicant in full</p>	<p>Date signed</p>
<p>Printed or typed name of applicant</p>	<p>Official title</p>

Prepare in triplicate

Retain one copy and send original and one copy to:

FAMILY AND SOCIAL SERVICES ADMINISTRATION (FSSA)
 DIVISION OF FAMILY AND CHILDREN
 402 West Washington Street, Room W364
 Indianapolis, IN 46204